



POLITICAL INQUIRY FORM
KOV/KMAX - Sacramento
CANDIDATE

SPECIAL () PRIMARY () GENERAL () OUT OF WINDOW (x)

Window Dates: -

Name of Requestor:

Date of Request: 11-20-19

1. AGENCY NAME, ADDRESS & PHONE Assembly Media Agency Contact: Deidra Buchman

2. CANDIDATE'S AUTHORIZED COMMITTEE NAME, ADDRESS, PHONE & TREASURER Treasurer's Name:

3. ORGANIZATION FURNISHING TAPES: See Line 1

4. CANDIDATE'S NAME: Michael Bloomberg
CANDIDATE SEEKING OFFICE OF: President
This is a FEDERAL office
POLITICAL PARTY (if applicable): Democrat

5. NATURE OF REQUEST:
Request For CANDIDATE Card _____ x
Requesting Political Rate Card All Dayparts, All Programs, All Levels Rates :30s

6. DISPOSITION MADE OF REQUEST:
a) Granted _____ x
b) Avails Offered _____ x
c) Rejected _____

7. SUBSEQUENT DEVELOPMENTS/AMOUNT OF CHARGES: SEE FILE

8. REBATES
Order # Date Amount

CBS EMPLOYEE COMPLETING FORM

Name, CBS Television Stations, Date

11/20/19